U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS S		
1. File Number U - 37/8	2. Fiscal Year Covered From: AMENDED	
	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name MARK C PULCE	Name LABORERS LOCA 1191 AF1.C.O	
	Labor Organization File Number 0/8/57	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2161 W. GRAND Blub	Street 2161 W. GRAND Blud	
city Detroit	City Detroit	
State ZIP Code + 4 482.05	State : 12 ZIP Code + 4 48 08	
5. Position in labor organization. SECRE TARL TR	EASURER	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Mark Fulica	On 2-75-65 313-894-204/ Date Telephone Number	

Name of Person Filing MARK Pulice	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name SPATAN TRAVE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3030 LAKE LANSING RD City EAST LANSING RD State M., ZIP Code +4 48823	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name M.C. LABORER'S TRAINING + Apprentices + 3A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6525 Center Rion DR City LABORER'S TRAINING + Apprentices + 3A State 72 Code + 4 48917	Joint Board of Truster Meeting Mich haboreers fringe Benefit Fund's 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TRANS portation & hodging Expenses	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	er parts A and B above)	
13.b. Is the Business an Employer or Consultant ?	14.D. Adhount of payment.	

substantial part of which consists of buying from, selling or leasing to, or otherwork and employer whose employees your labor organization represents or is actived; any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Laborate's FM Ploure's Corporation of Ebucation?	9. Business deals with:
Name Laborest's Employer's Coperation / [Aucation] Trust Trade Name, if any: LECET	a. Labor Organization
	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 905 16th st NW	
City WAShington State De ZIP Code + 4 20006	
State De ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ·	LECET severe project & Jobs increase union market share for members & union contractors
Trade Name, if any:	union market stare for members &
	union Contractora
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 140, 00
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	attended Toe, funo Conference
	Reception, & Mich Board
	Reception, & Mich. Board Meeting meal.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	•
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
	1

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indi dealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Laborance's Fifth AHLY Safety Fund: Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 965 16th St N.W. City Washington: State DC ZIP Code +4 2000 6	9. Business deals with: a. Labor Organization b. Trust c. Employer
Name	Provides Health + Safter & Ronafits to Jocals + Members
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 3671 12.a. Nature of interest held or income received. Meeting at restrainent about LealTh core Cost
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or ectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LABORGERS METROPOLITAD DEFEOT HEATH		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 6525 CENTURISM DR.	. c. Employer	
City		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name · !!	LABORDES Interenational	
	TRI PUND CONF.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	HEATH CARE & APPRENTICIONAL SENINAL'S	
Street	11.b. Approximate dollar value of such dealing. \(1596. \frac{1}{2} \)	
City	12.a. Nature of interest held or income received.	
State ZiP Code + 4	TRAJE! Y LONGEING EXPENSES	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZtP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

MARK PULICE